

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 25 1937

1588

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 2918 Tracy)

File No. _____

Registered No. 1588

St. _____

Ward _____

2. FULL NAME

Mrs. Mary Ann Hellstern

(a) Residence, No. 2918 Tracy

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

77

8

7

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

FATHER

13. NAME

George Dowell

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

MOTHER

15. MAIDEN NAME

Mary Watkins

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

17. INFORMANT

(ADDRESS)

Catherine Hale Home for Blind
2918 Tracy

18. PLACE OF REMOVAL

PLACE

Petersburg, Ill

DATE Jan. 25

1937

19. UNDERTAKER

(ADDRESS)

Stine & McClure

3235 Gillham Plaza

20. FILED

Jan 22 37 M. H. Browne

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 19 37

22. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1937, to Jan 14, 1937

I last saw her alive on Jan 14, 1937. Death is said

to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Obstruction of bowels about Jan 18,

Other contributory causes of importance:

Hypertension, Debilitation,
Chronic Constipation

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. W. Davis, M. D.
(Address) 402 Withman Bldg.

